



APPLICATION FOR ADMISSION

Toll-free 1-877 VETS R US (1-877-838-7787)
IMPORTANT – PLEASE PRINT CLEARLY AND ANSWER ALL ITEMS

I am applying for admission into:

WA Soldiers Home- Orting (near Puyallup)

WA Veterans Home- Retsil (Port Orchard)

Spokane Home

Any Home

I have lived at one of the Homes in the past: YES NO If yes, which Home and when? _____ Date _____

MILITARY INFORMATION:

Branch of Service	Service Number	Date of Active Duty Entry	Date of Separation	Type of Discharge

I heard about the Homes from:

Veterans Organization Seattle VA Hospital
American Lake VA Hospital Newspaper
Yellow Pages Radio/TV WDVA Website
Other _____

PERSONAL INFORMATION:

Applicant's name: _____ Veteran's name, if different _____
First Middle Last

Physical address: (where you are currently staying): _____

Phone number: (day) _____ (eve) _____ Veteran? Yes No Male Female

Mailing address _____

Date of birth: ____/____/____ Place of birth: _____ Social Security Number: ____/____/____ VA claim: _____

Marital status: Married Divorced City/State Widowed Separated Never married

Please answer only the following that apply to your situation: Spouse's name: _____ Date of marriage: ____/____/____
Date of divorce: ____/____/____ Date of separation: ____/____/____ Date of spouse's death: ____/____/____

Father's name: _____ Mother's "Maiden" name: _____

Applicant's next of kin: _____ Relationship of next of kin: _____

Telephone number: (____) _____ Address: _____

Emergency contact (someone who will always know where you are and how to contact you): _____

Relationship of emergency contact: _____ Telephone number: (____) _____ (day) (____) _____ (eve)

INCOME INFORMATION:

Monthly Income	Applicant	Spouse (if applicable)
VA Pension/Compensation	\$	\$
Social Security		
Retirement – source: _____		
Other income – source: _____		
Other income – source: _____		
Interest from savings, stocks, bonds, CD's		

ASSETS INFORMATION:

Source of Assets	Applicant	Spouse (if Applicable)
Savings Account(s)	\$	\$
Checking Account(s)		
Cash on hand		
Stocks, bonds, CD's		
Cash value of insurance (do not include insurance that pays only upon death)		
Value of vehicle(s)		
Cash value of residence		
Cash value of real estate (property other than primary residence)		

Have you transferred or assigned real or personal property within 3 years of the date of this application?

Yes No

If “yes”, please provide a description of the property transferred: _____

Date of assignment or transfer: _____

Value of property as of above date: \$ _____

Reason for transfer or assignment: _____

I have supplemental health insurance? Yes No

Insurance Company _____

Monthly premium \$ _____

I have Medicare Part A: Yes _____ No

Effective date

I have Medicare Part B: Yes _____ No

Effective date

I am currently on Medicaid: Yes No

I have burial insurance: Yes No If yes, what company? _____

Amount of burial \$ _____

Irrevocable? Yes No

I am applying for admission to a WA State Veterans Home. I am a resident of the state of Washington. All of the statements on this application are true and complete to the best of my knowledge. I hereby give permission to the WA State Department of Veterans Affairs to do a background check and obtain all information concerning my financial records which include the US Department of Veterans Affairs (VA), Social Security, and other financial institutions. If admitted, I understand that all income, regardless of source, will be considered in the determination of my cost of care. The amount of money I retain for my personal expenses and for my spouse, if applicable, will depend on my income. I understand that all personal expenses and/or prior existing debts are my responsibility. I agree to follow the resident rules of conduct and all policies and procedures of the Department of Veterans Affairs.

Applicant's signature

Date

Witness' signature if signed above with an “X”

Date

Witness' signature if signed above with an “X”

Date

CHECK LIST OF DOCUMENTS NEEDED FOR APPLICATION

Note, if any of the documents below apply to you, please send copies only of the documents not originals!

Birth Certificate	
All Marriage Certificates and/or Divorce Decrees	
Social Security Card	
Medicare Cards for you and your spouse	
Current Bank Statements for all accounts	
All Insurance Policies - Including Life, Burial and Medical	
If you or your spouse have any Stocks, Bonds, Mutual Funds, Money Market, or Certificates of Deposit	
Award Letters or Pay Vouchers for Civil Service, Union Pensions, Social Security, Retirements, Annuities, Veteran Compensation/Pension, etc.	
If you worked for any union, verify if you have any Death/Medical Benefits	
If you pay for Medical Insurance, supply proof	
Power of Attorney/Fiduciary/Guardianship papers	
Verify all Transfer of Assets within 36 months	
Real Estate Contracts you have	
Discharge Certificate or DD214	

**Washington State Department of Veterans Affairs
Health Care Facilities**

Date: _____

FROM: CENTRALIZED ADMISSIONS
PO BOX 41155
OLYMPIA WA 98504-1150

TO: _____

SUBJECT: Release of Medical Information from the Records of

Name

Date of Birth

SSN

INFORMATION REQUESTED:

MEDICAL RECORDS RELATED TO RECENT INPATIENT/ OUT PATIENT/ NURSING
HOME TREATMENT FOP, DIAGNOSIS LISTED ON ATTACHED MEDICAL CERTIFICATE.

I, _____

an applicant for admission to the Health care facilities of the Washington State Department of Veterans Affairs (WDVA), hereby give my permission and do request that you furnish the WDVA with -any and all information from my medical records at your facility. This authorization does include: Laboratory Studies, Psychiatric-Evaluations, Narratives, Summaries, Diagnoses and Prognoses, Social Work Assessments and/or Discharge Plan and any treatments for Alcohol and/or Drug Abuse.

I do understand the purpose of this information is to make final approval for admission and determine appropriate level of care needs.

Confidentiality of all records provided will be in accordance with WAC 24&100-016.

Send this form in with the Admission Application. Failure to do so will delay the application process.

Signature of Applicant

WASHINGTON STATE DEPARTMENT OF VETERANS AFFAIRS

CONSENT FOR INPATIENT & OUTPATIENT TREATMENT

I, the undersigned, hereby consent to such x-ray examination, laboratory procedures, medical or minor surgical treatments, physical or occupational therapy, nursing services, and other services that may be rendered to me, under the general and special instructions of the attending physician or his/her assistant or designee.

I understand that my care is under the control of my attending physician, and the home is not liable for any act or omission in following their instructions.

I am aware that the practice of medicine is not an exact science and acknowledge that no guarantees or promises have been made to me as to the exact results of treatments or of examinations.

This form has been fully explained to me. I have read it or it has been read to me and I understand its contents.

This consent is valid for as long as I am a resident of the Washington State Soldier's Home and is applicable to each and every inpatient and outpatient treatment.

I acknowledge receipt of a copy of this form.

Resident's Signature or Legal Guardian

Date

Witness

Date

Patient's Name:

DVA Number:

Physician's Name:
